

Complete and mail this form, together with applicable fees, to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

B4#

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

HM22/0521

JEFFREY J. KING  
TOWNSEND AND TOWNSEN AND CREW  
TWO EMBARCADERO CENTER 8TH FLOOR  
SAN FRANCISCO CA 94111-3834

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

**Certificate of Mailing**

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Kim M Goplen (Depositor's name)  
Kim M Goplen (Signature)  
8-20-99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/892,403	07/15/97	016	B. BRUMBACK 1643	05/21/99
First Named Applicant	MURPHY,	35 USC 154(b) term ext. = 0 Days.		

**TITLE OF INVENTION** PRODUCTION OF ATTENUATED RESPIRATORY SYNCYTIAL VIRUS VACCINES FROM CLONED NUCLEOTIDE SEQUENCES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 17634-000510	424-199.100	T34	UTILITY	NO	\$1210.00	08/23/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Townsend and Townsend and Crew  
2  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

THE GOVERNMENT OF THE UNITED STATES

(A) NAME OF ASSIGNEE OF AMERICA, as represented by the Department of Health and Human Services

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☐ corporation or other private group entity ☒ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☐ Issue Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 20-1430  
(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee  
☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Brian W. Poon Reg. No. 32,928

20 August 1999

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

08/24/1999 HHSASW1 00000090 201430 08892403  
01 FC:142 1210.00 CH  
02 FC:561 30.00 CH

RECEIVED

AUG 26 1999

Patent and Trademark Office

TRANSMIT THIS FORM WITH FEE



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY OF COMMERCE AND  
COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

## NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS  
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 8/892403

### Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
----------	-------------------	-----------------	---	-----	-------	-------

Sm./Lg.

Sm. Entity

Lg. Entity

Basic Filing Fee

201/101

770

Total Claims >20

203/103

78 -20 = 58 X

1276

Independent Claims >3

202/102

7 -3 = 4 X

320

Mult. Dep Claim Present

204/104

260

Surcharge

205/105

130

English Translation

139

TOTAL FEE CALCULATION

2756

Fees due upon filing the application:

Total Filing Fees Due = \$ 2756

Less Filing Fees Submitted - \$ Ø

BALANCE DUE = \$ 2756

Office of Initial Patent Examination